

# Grace Kidz Registration Form

First Name of Child \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:    Male        Female

Location of Birth: City: \_\_\_\_\_ Province: \_\_\_\_\_

Days in the week you require this service:

Monday     Tuesday     Wednesday

Thursday     Friday

School Grade: \_\_\_\_\_

Name of School: \_\_\_\_\_

Allergies

\_\_\_\_\_

Medical Conditions

\_\_\_\_\_

Family Doctors name or Walk in Clinic that you would want us to contact in the case of an emergency:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**Name of Parents/guardians**

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_

Father: \_\_\_\_\_ Cell: \_\_\_\_\_

Email:

\_\_\_\_\_

*This is the email that you will receive invoices through, information about special events..etc*

Home Address:\_\_\_\_\_

Postal\_\_\_\_\_

City: \_\_\_\_\_BC CANADA

Religious Affiliation or Church if applicable:\_\_\_\_\_

\_\_\_\_\_

Start day in centre:\_\_\_\_\_End date in centre if applicable:

\_\_\_\_\_

Other children living in the home:

Name	Age and Date of Birth	School

Other adults who live in the home

Name	Age and Date of Birth

### **Pick Up**

Please provide the following information of the people who are **authorized to pick** up your child from Grace Kids Afterschool:

*Each authorized person will still be required to show their drivers licenses when they pick up your child.*

Name (First and Last name)	Phone number	Relationship to the child
1		
2		
3		
4		

In the case that you have people that are restricted from picking up your child/ren please provide them in the box below: (Leave blank if this does not apply)

Name	Relationship to the child

### **Transportation:**

Permission for staff to pick up your child from BX Elementary and walk to Grace Bible Church.

Agree                      Disagree

### **Photos**

Permission for staff to take photos of your child and use the photos for advertising and using the photos for highlight videos.

Agree                      Disagree

**Medication**

Is your child on any medication? If so, please list the medications

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If any of the medication needs to be taken during the program please let the staff know so that we can give you a 'permission to administer medication' form.

Has your child previously attended any after school care/daycare? If yes, when and where?

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Was there any problems attending those programs?

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Has there been any significant changes in your child's life? (ie: divorce of parents, moving, death of a family member..etc).

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How did you hear about Grace Kids After school program?

Please provide a cell phone number we can text for daily information:

Cell: \_\_\_\_\_

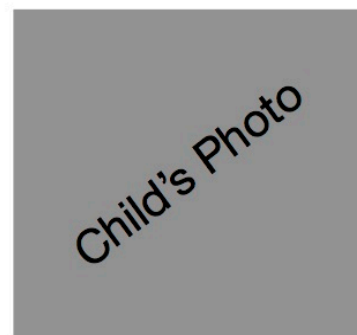
## EMERGENCY CARD

Name: \_\_\_\_\_

Day Of Birth \_\_\_\_\_

BC Care Card Number:

\_\_\_\_\_



Family Doctors Name: \_\_\_\_\_ Number: \_\_\_\_\_

Do the staff have permission to call an ambulance before getting a hold of you?    yes    no

Father Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mothers Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_

*Emergency Contact Person (we will call them if we can not get a hold of the parents).*

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Please tell this person that they are your child's emergency contact

Allergies that the medical personnel need to be aware of: \_\_\_\_\_

### If you do NOT have a record of immunizations:

Contact Vernon's Planned Parenthood Clinic at **(250) 549-5721**

Please give them your child's health care number and then ask them to mail a copy of your child's immunization record to:

Grace Kidz Afterschool

5661 Silver Star Road

Vernon BC

V1B 3P5

*If your child does not have a complete immunization record they can still attend our program, but we may require that your child does not attend the program in the event of a communicable disease outbreak.*

I have filled out all the information to the best of my knowledge and I will provide the following items to complete this registration at Grace Bible Church:

1. Void Cheque or authorized bank withdrawal
2. Photo of child (email: Christine@gbcvernon.ca)
3. Record of immunizations (Photo copy at the church)
4. Any other forms that may apply (custody forms or care plan or medical administration form)
5. I have read the parent package and become familiar with my responsibilities and the policies at Grace Kids Afterschool program. (Remember to sign the last form in Parent Package and return with this registration form).
6. \$50.00 Cheque or Cash for Afterschool Registration

Signature: \_\_\_\_\_

Date: \_\_\_\_\_